

Kentucky Mental Health Planning & Advisory Council

Consumer, Parent and Family Member Membership Application

The Kentucky Mental Health Planning & Advisory Council is seeking applications of individuals to serve as voting members of the Council. The mission of the Council is to form a broad-based partnership of consumers, family members, providers, and state agencies that assures, through a comprehensive plan, that all Kentuckians with mental illness have awareness of and access to effective and affordable services in their own communities which promote ongoing recovery.

Applicants must be a representative of one of the following groups:

- 1. An adult consumer of mental health services**
- 2. A parent/guardian a child with a severe emotional disability (SED)**
- 3. A family member of an adult with severe mental illness (SMI)**

The 34-member Council is made up of representatives from state agencies, providers, adults with severe mental illness, family members of adults with severe mental illness, parents/guardians of children with a severe emotional disability and one young adult consumer. The consumers and family members make up the majority of the membership. New members will be given an orientation and may be linked with a mentor to provide greater understanding of the Council activities.

The Membership Committee solicits widely for potential members of the Council. Membership applications are distributed to contacts at the community mental health centers, advocacy organizations, and state agencies. The Committee reviews all completed application and makes a recommendation to the Council. Per the Council's Bylaws, members of the Council shall be appointed, upon the Council's recommendation, by the Commissioner of DMHDDAS. If an application is not selected for a current Council seat, it will be retained for future consideration unless the applicant requests otherwise. The Membership Committee reserves the right to contact applicants for additional information.

Per federal mandate and the Council Bylaws, the Scope of Duties Include:

- A. To report directly to the Commissioner of the Department for Mental Health, Developmental Disabilities and Addiction Services (DMHDDAS).
- B. To review the federal block grant application which serves as Kentucky's plan for community based services for adults with severe mental illness (SMI) and children with severe emotional disabilities (SED). The plan is provided to the Council pursuant to Public Law 102-321, Section 1915 (a) and the Council is required to submit any recommendations for modification to the plan. Subsequently, the Council is required to review the annual Implementation Report for the prior year and submit any comments desired.
- C. To serve as advocates for adults with SMI, children with SED, individuals with co-occurring mental health and substance abuse disorders, and other individuals with mental illness or emotional problems.
- D. To monitor, review, and evaluate, no less than once a year, the allocation and adequacy of mental health services within the Commonwealth.
- E. To serve a minimum of a two-year term and attend at least four meetings per year in Frankfort, Kentucky. Expenses are reimbursed and a modest stipend is provided for the individual's time.

A completed membership application (attached) must be submitted by July 14, 2009 to:

Michele Blevins
Michele.Blevins@ky.gov
DMHDDAS/DMHSA
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40621
Telephone (502) 564-4456 or Fax (502) 564-9010

Kentucky Mental Health Planning & Advisory Council Consumer, Parent and Family Member Membership Application

Please type or print clearly.

Name of Applicant

Email

Address

Telephone Number(s)

CMHC Region

Date Submitted

Representative Group (please check one):

- Adult Consumer
- Family Member of an Adult with Severe Mental Illness
- Parent/Guardian of a Child with a Severe Emotional Disability

Please state why you would like to become a member of the Kentucky Mental Health Planning & Advisory Council.

Please provide a brief description of the condition or situation that you feel qualifies you as a representative of one of these groups (e.g., diagnoses, services received, provider from which services are/were received).
